

General

Title

Annual dental visit: percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Access

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.

Rationale

The average American adult has between 10 and 17 decayed, missing or filled permanent teeth. About half of all adults have gingivitis (gum inflammation) and 80 percent have experienced some degree of destruction of the bone supporting the teeth.

Tooth decay is the most common disease known to man. The number of cavities in school-age children has been declining since the 1940s, yet the average child still has at least:

- 1 cavity in permanent teeth by age 9
- 2.6 cavities in permanent teeth by age 12
- 8 cavities in permanent teeth by age 17

Guidelines set by the American Academy of Pediatric Dentistry (AAPD) (2002), the American Dental Association (ADA) ("Baby's first teeth," 2002) and the American Academy of Pediatrics (AAP) (Hale, 2003) recommend the first dental visit occur for children by one year of age. Regular visits to the dentist provide access to cleaning, early diagnosis and treatment, as well as education on how to prevent problems.

Evidence for Rationale

American Academy of Pediatric Dentistry. Guideline on infant oral health. *Pediatr Dent*. 2002;2(24):46.

For the dental patient: baby's first teeth. *J Am Dent Assoc*. 2002 Feb;133(2):255. [PubMed](#)

Hale KJ. Oral health risk assessment timing and establishment of the dental home. *Pediatrics*. 2003 May;111(5 Pt 1):1113-6. [22 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Dental care; access

Denominator Description

Medicaid members age 2 to 20 years as of December 31 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

One or more dental visits with a dental practitioner during the measurement year (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed

Additional Information Supporting Need for the Measure

- Dental caries (cavities) is one of the most common, preventable childhood diseases (National Institute of Dental and Craniofacial Research [NIDCR], 2000). Regular dental visits provide access to cleaning, early diagnosis and treatment, as well as to education about caring for teeth to prevent problems. Approximately 25 percent of our nation's children have multiple cavities, and tooth decay is the major cause of tooth loss in children (American Academy of Pediatric Dentistry [AAPD], 2014).
- Every year in the United States, there are about 500 million visits to the dentist. In 2010, an estimated \$108 billion was spent on dental services for oral health problems (National Center for Chronic Disease Prevention and Health Promotion [NCCDPHP], 2011).
- Dental caries remains the most common chronic disease of children and it is four times more common than asthma among adolescents (NCCDPHP, 2013).
- Oral health is essential to overall health. Dental diseases have a detrimental effect on quality of life in childhood and in older age (World Health Organization [WHO], 2003). Annual dental visits and oral care during infancy and continued throughout childhood and adolescence can significantly reduce the risks of developing oral disease (Dye et al., 2007).

Evidence for Additional Information Supporting Need for the Measure

American Academy of Pediatric Dentistry (AAPD). Fast facts. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2014. 45 p.

Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, Eke PI, Beltr  n Aguilar ED, Horowitz AM, Li CH. Trends in oral health status: United States, 1988-1994 and 1999-2004. *Vital Health Stat* 11. 2007 Apr;(248):1-92. [PubMed](#)

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Oral health: preventing cavities, gum disease, tooth loss, and oral cancers. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2011. 4 p.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Using fluoride to prevent and control tooth decay in the United States. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013 Jul 10.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Institute of Dental and Craniofacial Research (NIDCR). Oral health in America: a report of the Surgeon General. Rockville (MD): National Institutes of Health (NIH); 2000. 308 p.

World Health Organization (WHO). Dental diseases and oral health. Geneva (Switzerland): World Health Organization (WHO); 2003. 2 p.

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All

measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Ages 2 to 20 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

December 31 of the measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Medicaid members age 2 to 20 years as of December 31 of the measurement year

Note:

Members must have been continuously enrolled during the measurement year.

Allowable Gap: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

Visits for many 1-year-olds will be counted because the specification includes children whose second birthday occurs during the measurement year.

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

One or more dental visits (Dental Visits Value Set) with a dental practitioner during the measurement year

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The measure reports six age stratifications and a total rate.

- 2 to 3 years
- 4 to 6 years
- 7 to 10 years
- 11 to 14 years
- 15 to 18 years
- 19 to 20 years
- Total

The total is the sum of the age stratifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Annual dental visit (ADV).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Access/Availability of Care

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance

(NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015.

Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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